

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Reese Randolph Smith III
Serial No.: 10/563,602
Filed: February 01, 2006
For: LOCKING MECHANISMS

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: Group No.: 3673
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: Examiner: Mark A. Williams
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:
:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Request for Reconsideration in response to the Office Action dated October 20, 2008
(4 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) |
|--------------------------------|-----------------------------|----------------------------------|
| <u>X</u> first month | \$ 130.00 | \$ 65.00 |
| <u> </u> second month | \$ 490.00 | \$ 245.00 |
| <u> </u> third month | \$ 1,110.00 | \$ 555.00 |
| <u> </u> fourth month | \$1,730.00 | \$ 865.00 |

_____ fifth month \$2,350.00 \$1,175.00

Fee: \$130.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|---|-------|---------------------------------|---|---------------|-------------------------|----|-------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | ADDITIONAL RATE FEE | | ADDITIONAL RATE FEE |
| TOTAL INDEP. | MINUS | | = | | x \$26.00 = \$ | | x \$52.00 = \$ |
| | MINUS | | = | | x \$110.00 = \$ | | x \$220.00 = \$ |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$195.00 = \$ | | + \$390.00 = \$ |
| | | | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONAL FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

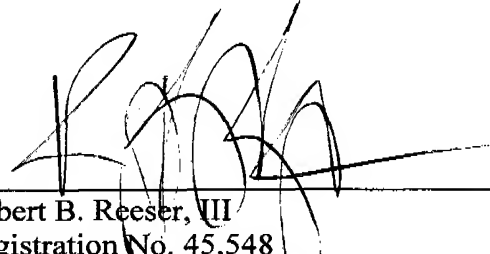
☒ Charge Deposit Account No. 01-2384 the sum of \$130.00.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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